Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Docume		
1. Agency Name	Date Stamp	California 802	

١.	Agency Name				Date Stamp	California 802
	County of Los Angeles					J. O. III
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors, Fifth I	District				
	Designated Agency Contact (Name,Title)				
	Sandra Cruz, Ticket Adminis	strator	Amendment (Musi	t Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				, , , , , , , , , , , , , , , , , , ,
	(213) 974-5555	scruz@bos.lacount	y.gov		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	nation				20.00
	Does the agency have a tick	• • •		ace Value of	Each Ticket/Pass \$ 2	20.00
	Event Description: LA Philh	armonic performance	<u> </u>	oate(s) <u>08</u>	<u>, 01 , 17 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation	no: Hollywoo	d Bowl	
			_ ,		Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{II}	yes:	Official's Name (Last, Firs	ŋ
3.	Recipients • Use Section A to identify the agen	ave denortment or unit	Hea Section R to	dentify an individ	lual . Hee Section C to ide	entify an outside organization.
	Ose Section A to identify the agen	cy sucpartment of unit.	Number	For Day Asternal A		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
		1 28 28 38 42 42 42 42 43 41 2 41	Dec. 100 DESCRIPTION	- Carlotte	and the second s	
			Number			
	B. Name of Indi (Last, Fir	拉拉拉 医二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲	of Ticket(s)/ Passes		Identify one of the	of following:
		<u> </u>		Cerem	nonial Role Other	☐ Income ☐
					king "Ceremonial Role" or "Other"	describe below:
			1			
					nonial Role	
				" Check	ang Cerembina Kole of Other	Jesu(I) d. Velow.
	man a de Al Asial A		Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	Palmdale Regional Medica		18	Ticket Policy	y Sec 5.3(h)	
	38600 Medical Center, Pa	mdale CA 9355				
	Healthcare facility		:			
L.	Verification					
• •	I have read and understand FF	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.)				
	(India)	San	dra Cruz		Ticket Administrator	r 11/1/2017
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles	,	
Division, Department, or Region (if applicable)	− 1	For Official Use Only

. Ayı	citcy ivalite				Date dramp	Form 610/2
Cou	inty of Los Angeles					
Divi	sion, Department, or Reg	ion (if applicable)]	For Official Use Only
	ard of Supervisors, Fifth I					
Des	ignated Agency Contact (Name, Title)				
Sar	ndra Cruz, Ticket Admini	strator			Amendment (Must	Provide Explanation in Part 3.)
Area	a Code/Phone Number	E-mail				
(21	3) 974-5555	scruz@bos.lacount	y.gov		Date of Original Filing	(month, day, year)
. Fu	nction or Event Infor	mation				20.00
Doe	es the agency have a tick	ket policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 2	20.00
Eve	ent Description: <u>LA Philh</u>	armonic performance	<u> </u>	Date(s)09	<u>, 04 , 17 </u>	
Tick	cet(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes [f no: <u>Hollywoo</u>		
10/-	- 4:-14 -12-4-214:1-	4.4		f yes:	Name of Source	
	s ticket distribution made agency official?	e at the benest Yes [□ No⊠ "	i yes	Official's Name (Last, First	0
	ecipients See Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
_			Number	· Brook Box State Lad		
A.	Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy

_			Number			
В.	Name of Indi (Last, Fir	the state of the control of the cont	of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Other Other	-
				Cerem	ionfal Role	Income 🗌
					ding "Ceremonial Röle" or "Olher" o	tescribe below:
_	Name of Outside O		Number			
C.	(include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	iends of Jackie Robinson		20	Ticket Policy	/ Sec 5.3(h)	
01	75 East Avenue R, Little	ROCK CA 93543			•••	
	ification					
	ve read and understand FP the requirements.	PC Regulations 18944 ว	.1 and 18942.	l have verified t	hat the distribution set	forth above, is in accordance
•	Sander 14	∕ ⊈ San	dra Cruz		Ticket Administrator	11/1/2017
78	ignature of Agency Head or Design		int Name		Title	(month, day, year)
Col	mment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Philharmonic performance Date(s) ____08 15 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other the describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Palmdale Senior Center 903 E Ave Q-9, Palmdale CA 93550	48	Ticket Policy Sec 5.3(h)
Facility provides social, recreational, physic & educational opportunities for seniors	al	

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the formism of the continuous contin

Jandy Cry	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Deschee	Print Name	Title.	(month, day, year)
Comment:	4		

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	butions	A	Public Document
1.	Agency Name	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California OOO
	County of Los Angeles			Form 802		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fifth	District				
	Designated Agency Contact	(Name, Title)			1	
	Sandra Cruz, Ticket Admini	strator			Amondment (Mark)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Aniendment (Must A	rovige Explanation in Part 3.)
	(213) 974-5555	scruz@bos.lacoun	ity.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			Control and This is a more than the street operation of the state operation of the state operation of the state of the state of the state operation operation of the state operation	
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{2}{}$	0.00
	Event Description: LA Philh	Provide Title/ Expla	anation	oate(s) 08	, 29 , 17	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No⊠ If	no. Hany wee	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No⊠ If	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	• Use Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of-Ticket(s)/ Passes	1	Identify one of the internal representation of the internal re	Income

4	Verification	'n

health services

Name of Outside Organization (include address and description)

Ambulatory care clinic offering comprehensive

High Desert Regional Health Center 335 East Ave I, Lancaster CA 93535

I have read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the requirements.	1				

Number of Ticket(s)/ Passes

53

with the requirements.	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Other 🔲

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role

Ticket Policy Sec 5.3(h)

Income

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document 1. Agency Name California Ong Date Stamp

County of Los Angeles Division, Department, or Region (if applicable)						For Official Use Only
	Board of Supervisors, Fifth I Designated Agency Contact (
	Sandra Cruz, Ticket Adminis					
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	☐ Amendment (Must Pro	vide Explanation in Part 3.)
	(213) 974-5555	scruz@bos.lacount	ty.gov		Date of Original Filing:	(month, day, year)
<u> </u>	Function or Event Infor	mation			алин олучин иле пенат наше он также посеть также иле темент вышений было выполнений выпо	desired fields at a second control of the se
	Does the agency have a tick		⊠ No□ F	ace Value of	Each Ticket/Pass \$ 20.0	00
	Event Description: LA Philha	·			<u>, 29 , 17</u>	1 1
	·	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🗵 🏻 if	no: Hollywoo	0 BOWI Name of Source	
	Was ticket distribution made	at the behest Yes [J No⊠ ^{[f}	yes:	Official's Name (Last, First)	
	of agency official?	_			Oniciai's Name (Last, First)	
	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes		ual. • Use Section C to identify	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
				1	onial Role Other Cing "Ceremonial Role" or "Other" descri	Income Income
					oníal Role Other Other in "Other" descri	Income Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	Antelope Valley Senior Ce 777 W Jackman Street, La		60	Ticket Policy	Sec 5,3(h)	
_	Facility provides social, rec & educational opportunities					
١.	Verification					
	I have read and understand FP with the regularements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fort	h above, is in accordance
	Servedia (2)	∠ San	dra Cruz		Ticket Administrator	11/1/2017
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)

Signature of Agency Head or Designee	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Sammanit:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: LA Philharmonic performance Date(s) __09__/_ 14 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source If yes:. Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income 🔲 Ceremonial Role Other

			The Breaking Ceremonner Fore Control describe Science
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	ornia Highway Patrol W Avenue I, Lancaster CA 93534	40	Ticket Policy Sec 5.3(h)
law e	nforcement agency		

	110	mitte.	へっtiへい
4.	vH		cation

have r	ead and under	stand FPPC i	Regulations 169	44.1 and 1894	z. I nave ventied	i tnat tne distributio	n set forth above,	is in accordance
with the	requirements.	_						
	A .	/ 1						

Sandry Cin	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Philharmonic performance Date(s) __08__/_ 15 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Other Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Friends of the Lancaster Library 36 601 W Lancaster BI, Lancaster CA 93534 Organization dedicated to supporting library by raising funds to supplement items for librar

I have read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forti	h above, is in accordance
with the requirements	_				

Signature of Agency Head or Designee	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: <u>LA Philharmonic performance</u> Date(s) __08__/_ 01 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Friends of the Quartz Hill Library 10 42018 50th Street West, Quartz Hill 93536 Organization dedicated to supporting library by raising funds to supplement items for librar

l have read and t	understand FF	PPC Regulations	18944.1 and 18942.	I have ventied that th	e distribution set forth	i above, is in accordance
with the reguliren	ante	_				
with the regalion	1011101	<i>•</i> 0·				

Signature of Agency Head or Designe	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designe	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic performance Date(s) __08__/_ 29 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: , Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Passes Identify one of the following: В. (Last, First) Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Lancaster Sheriff Station 28 501 W Lancaster BI, Lancaster CA 93534 law enforcement agency 4. Verification

l have read a	nd understand	FPPC Regulations	18944.1 and 18942.	. I have verified that the	aistribution set forth	above, is in accordance
with the requi	rements.	Ω				

Signature of Agency Head or Designee	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name				Date Stamp	California 202
County of Los Angeles					Form 004
Division, Department, or Region	(if applicable)			1	For Official Use Only
Board of Supervisors, Fifth Dist	rict				
Designated Agency Contact (Nam	ie, Title)			1	
Sandra Cruz, Ticket Administra	tor			Amendment /Must 5	Provide Explanation in Part 3.)
Area Code/Phone Number E-r	nail		·	. Mineriament (Mastr	Tovice Explanation III Part 5.)
(213) 974-5555 so	ruz@bos.lacounty	/.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Informa	tion				
Does the agency have a ticket p	oolicy? Yes.⊅	No □ F	ace Value of	Each Ticket/Pass \$ 2	0.00
Event Description: LA Philharm	· · · · · · · · · · · · · · · ·			<u>, 29 , 17</u>	
Event Description:	Provide Title/ Explana	ation	rate(s)		
Ticket(s)/Pass(es) provided by			no: Hollywoo	d Bowl	
				Name of Source	
Was ticket distribution made at	the behest Yes ☐	No 🗵	yes:	Official's Name (Last, First)	
of agency official?					
3. Recipients			· · · · · · · · · · · · · · · · · · ·		
• Use Section A to identify the agency's	department or unit. • T	Jse Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
		Number			
A. Name of Agency, Departme	ent or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
The state of the s	ALCOHOLOGICA CONTRACTOR		i juni se se se professioner and se negle	Mary 1. The University of the Court of the State of the S	ACCURATE AND A CONTROL OF STANCE AND A STANC
	···				
					A
		Number			
B. Name of Individu (Last, First)	al	of Ticket(s)/ Passes		Identify one of the	following:
	<u>a la la la la la safetti la </u>	газаса	Carrier Comme	nonial Role Other	Income
				nomal Role Other king "Ceremonial Role" or "Other" de	
					•
				nonial Role Other C	Income
				nonial Role	
- 13 Jan 20 Jan		Number			
C. Name of Outside Organ (include address and des		of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
1 Ob wiff Ob-Nor-		1 03003	Ticket Policy	/ Sec 5 3/h)	ACTIVATE DESCRIPTION DE RÉSERVATA LA COMPANION DE LA COMPANION
Lancaster Sheriff Station 501 W Lancaster Bl, Lancaste	er CA 93534	28	TICKELT OILES	7.000 Q.0(ji)	
law enforcement agency					
4 Varification					
4. Verification I have read and understand FPPC	D	d and 40040	l hous verified	that the distribution sat f	arth above is in accordance
with the requirements.	Regulations 10944.	1 anu 10942.	rnave vermeu i	inat tije distribution seci	of the above, is in accordance
The state of	0-4	dua Cm:		Tiolog Administrator	44/4/2047
Signature of Agency Head or Designee	_	dra Cruz		Ticket Administrator	11/1/2017 (month, day, year)
* Oliginature of Agency Fread or Designee	.,, 411	iii i i i i i i i i i i i i i i i i i		1,100	(
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: LA Philharmonic performance Date(s) __09__/_ 14 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual В. identify one of the following: of Ticket(s)/ Passes (Last, First) Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Ticket Policy Sec 5.3(h) Palmdale Sheriff Station 28 750 East Avenue Q, Palmdale CA 93550 law enforcement agency

I have read and understand Fi	PPC Regulations	18944.1 and 1894	2. I have verified that the	distribution set forth	above, is in accordance
with the regularements	<u> </u>				

Signature of Agency Head or Designee	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Philharmonic performance Date(s) 08 01 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 if yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Income [Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Antelope Valley Hospital Volunteer Office 96 1600 W Avenue J, Lancaster CA 93534 Volunteers in a health facility 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sandra Cruz

Print Name

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

11/1/2017 (month, day, year)

FPPC Form 802 (2/2016)

Ticket Administrator

Title

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: LA Philharmonic performance Date(s) 08 / 29 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α.: Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income __ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) San Gabriel Parks & Recreation 54 250 S Mission Drive, San Gabriel CA 91776 city park 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11/1/2017 Sandra Cruz Ticket Administrator (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic performance Date(s) __08__/_ 03 / If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Altadena Senior Center 50 460 Mariposa St, Altadena CA 91001 Provides social, recreational, physical & educational opportunities for seniors 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Comment:

Sandra Cruz Ticket Administrator 11/1/2017

Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: LA Philharmonic performance Date(s) __08__/_ 10 / Provide Title/Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Incôme Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) South Pasadena Senior Center 56 1102 Oxley St, South Pasadena CA Facility provides social, recreational, physical & educational opportunities for seniors

I have read and understand f	FPPC Regulations	18944.1 and 18942.	I have ventied that the	aistribution set forth	apove, is in accordance
with the requirements.	0				

Sandar Cu	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designate	Print Name	Title	(month, day, year)
Comment:		· · · · · · · · · · · · · · · · · · ·	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Philharmonic performance Date(s) __08__/_ 03 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income | Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Pasadena Senior Center 60 85 East Holly Street, Pasadena CA 91103 Facility provides social, recreational, physical & educational opportunities for seniors

I have read	and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the regu	äirements.					

Sundru (4	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: scruz@bos.lacounty.gov (213) 974-5555 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: LA Philharmonic performance Date(s) __08__/ 29 / Provide Title/Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income . Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (Include address and description) Passes Ticket Policy Sec 5.3(h) Alhambra Senior Center 56 111 S First Street, Alhambra CA 91801 Facility provides social, recreational, physical & educational opportunities for seniors

4.	Verification					
	I have read and understand		18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordanc
	with the requirements.	de la companya dela companya dela companya dela companya de la companya dela companya de la companya dela companya de la companya dela companya de la companya de la companya de la companya dela companya de	O	Tielee	t Adia-iniatoria	44449047

Sandre Cez	Sandra Cruz	Ticket Administrator	11/1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: <u>LA Philharmonic performance</u> Date(s) 08 / 10_/ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Other 🔲 Ceremonial Role Income __ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Ticket Policy Sec 5.3(h) Temple Sheriff Station 36 8838 E Las Tunas Drive, Temple City 91780 public safety/law enforcement agency

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the equirements. Sandra Cruz Ticket Administrator 11/1/2017 (month, day, year) Print Name Signature of Agency Head or Desi Comment: _ FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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I. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, Fifth District				
Designated Agency Contact (Name, Title)				
Sandra Cruz, Ticket Administrator			Amendment (Must Pro	
Area Code/Phone Number E-mail		·		
(213) 974-5555 scruz@bos.lacount	y.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Information		•••		
Does the agency have a ticket policy? Yes D	3 No□ F	ace Value of I	Each Ticket/Pass \$ $\frac{20}{1}$.00
Event Description: LA Philharmonic performance Provide Title/ Explan			3 / 17	<u> </u>
		no: <u>Hollywoo</u>	d Bowl	
NATA Itializat distribution made at the balance of	lf	yes:	Name of Source	
Was ticket distribution made at the behest Yes Coordinates of agency official?	l No⊠ "	yes	Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	nal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		e public purpose made purs	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
			onial Role Other or "Other" descriping "Ceremonial Role" or "Other" descrip	Income
			onial Role Other Other of "Other" desc	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
Altadena Sheriff Station 780 E Altadena Drive, Altadena CA 91001	40	Ticket Policy	Sec 5.3(h)	
public safety/law enforcement agency			,	
l. Verification				
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942.	l have verified t	hat the distribution set for	rth above, is in accordance
Tour now -	dra Cruz nt Name		Ticket Administrator	11/1/2017 (month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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$\boldsymbol{\Gamma}$		42		_	-	u	111		

. Agency Name	 -		Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, Fifth District				
Designated Agency Contact (Name, Title)				
Sandra Cruz, Ticket Administrator			Amendment (Must Pri	wide Evalencian in Bod C
Area Code/Phone Number E-mail		Anteriorient (Must Pro	елов ехріанаван іп Р ап З.)	
(213) 974-5555 scruz@bos.lacounty.gov			Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	⊠ No□ F	ace Value of E	Each Ticket/Pass \$ <u>20</u>	.00
Event Description: LA Philharmonic performance		Date(s)		1 1
Event Description: Provide Title/ Explain	nation			
		fno: <u>Hollywoo</u> d		
		· voc:	Name of Source	
Was ticket distribution made at the behest Yes	□ No⊠ If	f yes:	Official's Name (Last, First)	<u></u>
of agency official?			. ,	
8. Recipients				
 • Use Section A to identify the agency's department or unit. 	Use Section B to i	dentify an individu	ual. • Use Section C to identi	fy an outside organization.
	Number			
A Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
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l i	ļ			
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:		
	State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ceremonial Role Other Income		
	1		ontal Role Other ing "Ceremonial Role" or "Other" desc	-
		Carana	onial Role Other O	Income
\			onial Role 🔲 Other 🔲 ing "Ceremonial Role" or "Other" desc	- -
\	Ī			
Name of Outside Organization	Number	1		
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
Crescenta Valley Sheriff Station	to the risks are west states on a	Ticket Policy	Sec 5.3(h)	<u> and the last of the state of the last of</u>
4554 N Briggs Ave, La Crescenta 91224	40		o.d(ii)	
		 		
public safety/law enforcement agency	!			
Varification				
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I have read and understand FPPC Regulations 18944. with the requirements.	ı arıq 18942.	i nave verified ti	iai ille distribution set foi	ur above, is in accordance
	Ch Sandra Cris		Tieles Ada A in a	'—' — ما دو د د و
	Sandra Cruz Print Name		Ticket Administrator	11/1/2017
Signature of Agency Head or Designes Pri	mit Name	_	Title	(month, day, year)
Comment:				